## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORTS

## DOCUMENT # L02000033178

1. Entity Name BATSON MANAGEMENT, L.L.C.



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business 715 N BAYLEN STREET PENSACOLA, FL 32501 Mailing Address
P.O. BOX 12266
PENSACOLA, FL 32591-2266

## DO NOT WRITE IN THIS SPACE

01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0569396

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BATSON, SUSAN C 715 N BAYLEN STREET PENSACOLA, FL 32501

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept
SIGNATURE.	Filing Fee is \$50.00  Due by May 1, 2007   MANAGING MEMBERS/MANAGERS  MGR ANTHONY, CYNTHIA B 413 AUTUMN OAK DRIVE 72P MADISON, MS 39110  MGR STOKEY, ANN B 3077 FAIRWAY DRIVE GAINESVILLE, GA 30506  MGR BATSON, SUSAN C 715 N. BAYLEN ST. PENSACOLA, FL 32501  DORESS  STOKEYS  DO NOT WRITE IN THIS SPACE	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required whom reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY, CYNTHIA B 413 AUTUMN OAK DRIVE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	STOKEY, ANN B 3377 FAIRWAY DRIVE	000000615874 02/07/07-80005-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATSON, SUSAN C 715 N. BAYLEN ST.	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustge empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: SUSAN C. BATSO/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-30-07

850.438 7501

)ate

Daytime Phone #